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STATE-WIDE TRENDS IN SCHOOL HYGIENE AND PHYSICAL EDUCATION

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[REVISED]

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STATE-WIDE TRENDS IN SCHOOL HYGIENE AND PHYSICAL EDUCATION

As Indicated by Laws, Regulations, and Courses of Study

A State law regarding any special educational activity may be said to represent the conservative degree of recognition of that activity by the people of that State. There are all degrees of conservatism, however, and the statute may offer only a permissive toleration leading to local developments or it may command the full acceptance and putting into active practice of a thorough-going State-wide program according to the ideas of those especially interested and informed. Always it means considerable interest in the subject, for the time being at least, of an influential group of citizens, although this may be made up only in part of educators.

When it comes to regulations of State departments of education or the development of special courses of study the subject in hand has been absorbed as an essential feature of the school program though again to a lesser or larger degree according to the attitudes of those in educational authority in that State.

PHYSIOLOGY AND HYGIENE

No wave of legislation having to do with school hygiene and sanitation has so swept the country as that accompanying the temperance movement. Every State passed a law requiring instruction in regard to the effects of alcohol and narcotics; while for the outlying parts of the United States a law to the same effect was established by act of Congress. While the requirement of instruction in the effects of alcoholic drinks and of narcotics (tobacco is mentioned in many of these statutes) was the first intent of these laws, it was recognized that such teaching belonged as part and parcel of the larger subjects of physiology and hygiene and these more general branches are required without limitation as to content by 40 States.

Practically all of the laws to this end were set up in or around the year 1880. While most of these laws did not decide the age at which these subjects were to be presented, some of them specified the grades to be taught and whether a text was or was not to be used in them. That the legislators were very much in earnest in some States is indicated by the requirement that the textbooks of physiology and hygiene should devote a specified proportion of their contents or a definite number of pages to the effects of alcohol. A number of the laws also stated very positively that physiology and hygiene should "be taught to and studied by pupils as thoroughly and in the same manner as other branches are taught and studied."

At the present time (1934) all States but one (in which the subjects of the curriculum are left to the Superintendent of Public Instruction) have laws requiring the teaching of the effects of alcohol and other narcotics.[1]

VENTILATION LAWS

The ventilation of schools has been and still is the most troublesome problem in school hygiene. In the nineties the carbon dioxide of the air, if not looked upon as a menace in itself, was at any rate set down by the ablest sanitarians as a definite gage of the degree of toxicity of the air caused by human "effluvia." When it was formulated by science that, in order to keep the carbon dioxide down to a certain concentration, and hence the poisonous animal matter in the air at a safe dilution, each child must have delivered to him 2,000 cubic feet of fresh air per hour, there was something definite on which to set up legislation. In consequence, ventilation laws or regulations on this subject were formulated by 31 States and in 20 of these States a standard was set of 30 cubic feet of air supply for each pupil per minute.

Although set up by the authority of science, scientists, or at any rate some scientists, after only a quarter of a century seem to regret that these specific requirements were ever put into effect and would demand their revocation.

[1] A digest of these laws under the title "Alcohol, Hygiene, and Public Schools", can be secured from the Superintendent of Documents, Government Printing Office, Washington, D.C.

It is worth noting that for a number of weeks of the school year (when the furnaces are not in operation and when the health of the pupil is apparently at its best), the required amount of air is never delivered to the pupils. The doubt that has been thrown by recent studies on the value of the ventilation requirements of these laws (when the laws are fulfilled) should put a damper on legislation which is too specific in its demands.

MEDICAL INSPECTION

Legislation and regulation with regard to the medical inspection of school children began in 1899 but was most active between 1910 and 1920, with minor changes in existent laws during that period and later. These laws present an astonishing variety as to details of requirements or permissions and are difficult to present in a simple classification. In all, 39 States have some kind of a statute or regulation (usually a statute) either permitting or requiring the examination of children for physical (and sometimes mental) defects. In addition, one State permits the establishment of dental clinics and in another State without a law there are local ordinances permitting medical inspection.

In 24 States the law is more or less mandatory in its wording for all school districts, and for certain districts in 3 other States. The State board of education is apparently responsible for carrying out the mandatory law in 11 States and is directly responsible in 8 of these. The State department of health is responsible for what is to be done in 11 and joint action is advised in 9. However, the "responsibility" especially of departments of health seldom includes more than the prescribing of examination forms. In joint supervision this is usually the function expected of the department of health.

The local responsibility rests in 30 States with the board of education and in 7 with the board of health. In one it is placed jointly.

Only 1 State (New York) has by law a State director of medical inspection, although in 3 others some official of the State department of education or of health serves more or less exclusively in this capacity.

Examinations are "required" annually (presumably of all pupils) in 20 States; every 2 years in 2 and every 3 years in 1.

Examination by teachers is specified by mandatory laws of 7 States, though usually for specified conditions, especially as regards defects of eyes, ears, nose, and mouth.

It is stated that the teacher may be *one* of the examiners in 12 other States. In 3 States a nurse is apparently the only examiner (in 1 of these she must be a "volunteer" nurse); and in 15 others she may participate in examinations.

A physician is specified as examiner in 5 States, the county health officer in 3 States, while in 20 the physician is mentioned as one of the examiners.

In 3 States examinations of children seem to be limited to those of sight and hearing, in 1 to sight, hearing, and breathing; in 1 to sight, hearing, nose, and throat; in 1 to sight, hearing, breathing, and teeth; in 2 to dental defects, while a more general examination is specified in 15.

In one State only is examination made obligatory, the parent being fined $5 or put in jail for 10 days "for each refusal" to permit examination. In another State a child who shows a serious defect must be brought by the parent before an agent of the State board. Failure to comply is punishable by a maximum fine of $50 or 10 days' imprisonment. However, "written objection from the parent exempts the child from examination."

In one State not more than 10 cents each is to be paid for examinations from school funds.

A few States have a law or regulation requiring the examination of the teacher for tuberculosis or other disease, but these are not included in the above 39 States as having medical inspection laws.

PHYSICAL EDUCATION

About 10 years after the passing of the laws requiring the teaching of physiology and hygiene to all pupils, there occurred a widespread introduction by large cities of a period of physical education, or in the more accepted wording of the day "calisthenics", into their school programs. Lessons from 5 to 30 minutes in length were given, usually once, but sometimes twice a day. These activities were in-

tended especially to counteract the effects of the sedentary life of the school, though much more was expected from their use. They were considered of especial importance for city children, as having fewer facilities for physical activity than their country cousins.

At the time there was no national organization aiding the cause of physical education. In certain localities, however, the Turnverein was influential and it was this society which was instrumental in securing the passage, in Ohio, in 1892, of a law requiring the inclusion of physical education "in the branches to be taught in public schools of cities of the first and second class."

Commenting on the passage of this law the editor of "Physical Education" in the September 1892 issue remarks "The National Women's Christian Temperance Union is taking hold of this matter with great vigor and will endeavor to have similar laws passed in other States." However, no further legislation on this subject occurred until North Dakota passed a bill in 1899. This State made "physical education" a required subject in all common schools, and declared it the duty of "all boards or educational institutions receiving money from the State to make provision for daily instruction in all schools and institutions" under their jurisdiction.

No further laws of this nature were passed until about 1910, but since that date the number of States with such legislation has reached 37. The statutes are practically all mandatory in effect, at least so far as requiring the furnishing of instruction in the subject is concerned. In one State the law refers only to high schools and in another it does not include high schools.

While not all States have laws on this subject the importance of physical activities is stressed in the courses of study of 42.

In 24 States a certain time to be devoted to physical activities or to instruction in such activities is specified by law or by regulation, while in most of the others a definite time is suggested in the State course of study. For elementary schools, one State specifies a minimum of 6 minutes, two States 8 minutes, one 12 minutes, six 15 minutes, two 18 minutes, nine 20 minutes, seven 25 minutes, four 30 minutes.

(The requirement is often a total for the week with the above equivalents in daily practice.) One law specifies at least 15 minutes in each school day and "at least 1 hour of directed play outside regular classroom work in each week" for elementary and 2 hours for high-school pupils.

In one State 3 hours per week is suggested which "should be exclusive of any time devoted to physical activities before or after school but should include recess periods."

In another State 120 minutes per week is required under supervision or direction of school officials. In addition, there is a requirement in secondary schools of 3 hours per week, supervised or unsupervised, which may be taken care of by an agency other than the school (if satisfactory to the school authorities), making a total minimum of 5 hours per week.

In another State 250 minutes of plays and games are suggested for grades I–II, 200 minutes for grades III–V, and 150 minutes for grades VI–VIII, but apparently these activities are to be carried on at recess and noon periods.

In at least 13 States the physical education period may be borrowed in part (and often altogether) from the recess period and usually the specific time does not exceed these recess periods. Some States require specifically that all recess periods be considered physical education periods. In 9 States it is made plain that the recess period is not to be considered as a part of the time devoted to physical education, though 1 of these States suggests that the school organize the activities of this period "in self-defense." Another of these States suggests organized activities directed by pupils at this time.

Three States announce emphatically that it is as much the business of the teacher to be on the playground at recess and at the noon hour "directing and encouraging play as it is to teach any subject in the curriculum"; and one course of study reads "Play at recess during good weather should be compulsory." One course of study recognizing the limits of the usual prescribed period for physical education states that "for developing bodily vigor and improving action of vital organs, an hour a day or more is needed."

The course of study of one State in which the time requirement is exclusive of recess says, however, that "all recess periods are to be considered physical education periods." Another State department says "Recess should be limited in usage to those which are in truth recesses. It should not be used to designate physical education." This apparently contradictory advice is due to the fact that the "physical education period" in this instance is considered by the State authorities as instructional. Very few States as yet take this view of the matter verbally, and doubtless there hangs over from an earlier period the impression of an all-sufficient influence, physical, mental, and moral, once believed to be exerted by calisthenic exercises rightly directed for a few minutes a day.

In the days when gymnastics or calisthenics were the sum and substance of physical education so far as any activities under that name in school were concerned (from the introduction of "physical training" up to about 1910), the period set apart in the school schedule for this purpose and the activities carried on were an end in themselves. While the efforts of the teacher were instructional, it was not expected that the exercises taught would be repeated by the pupil of his own volition at any other time or in any other place. It was taken for granted that the pupil would carry on his more active physical education through the traditional games of the playground. It became more and more evident, however, that these traditions were (because of racial mixtures, small families, overrefinement in dress, from growing school buildings, shrinking school grounds, and other causes) not being carried on. As the Montana Course of Study puts it, "children inherit play but they do not inherit games", and the knowledge of games was more or less lost. Because of the importance of the old games in the life of the average child, it became apparent to the physical educator that these activities (which had always been of vastly more importance than any formal gymnastics) must be taken up as a matter of instruction and, where needed, given supervision. The time assignment for the lesson, under the new concept of physical education, is considered chiefly as one for instruction in games, while the recess

period is the time for putting into practice what is taught with only such supervision as is needed for the unhampered enjoyment of the activities that have been learned. The varying physical education "requirements" of different States or of local schools are absurd, considered in any other light, for either the 10 minutes a day or 1 period a week in the program of 1 school must be too little, or the 60 minutes a day or 5 periods a week required in another must be too much. Certainly the period set apart in the regular school schedule can only be considered a "drop in the bucket", so far as the needs of opportunity for play of the average child are concerned. Whether any requirement as to time to be spent in physical activities out of school hours should be made (as is the case in two States) may be questioned. While the healthy child, if unhampered, usually finds outlet for superfluous activity in the playing of the active games with which he is acquainted, it does not follow that because a child is required to play these games he will become more healthy in body or mind or a better social creature. There are other outlets nowadays for nervous energy and compulsion along this line may not bring about expected results. While ample opportunity and encouragment should be furnished, this is probably as far as we can safely and logically go.

There is left over as a physical education activity of the school schedule, finding its end at the time and in itself, the remains of the former formal gymnastic lesson in the 2-minute relaxation period or "relief drill." Thirteen States in their courses of study recommend these periods. Five States advise its observance twice a day, 2 States 3 times, 2 States 3 or 4 times, 2 States 4 times, 1 State "in each sitting period", and 1 "when needed."

Some years ago one of the European countries in a fit of economizing abolished its military bands. They were not long in finding their mistake and they now have larger and better bands. Not long ago many educators, concerned lest the child's mind be not fully unfolded or informed, sought to do away with the recess period. It was a serious mistake and was found to be so.

The recess periods (traditionally 15 minutes in the morning and 15 minutes in the afternoon) should not be en-

croached upon by the work of the school and any time allowed for physical activities in addition to the time during the school session given over to instruction in, or practice of, such activities is not likely to be in excess of the needs of the child along this line.

The fact that a generation ago, the physical educator gave the recess period no formal recognition, while he now insists upon its great importance in his program is not a piece of inconsistency, for though the importance of class exercises in gymnastics has declined, he always looked upon games and athletics as of prime moment. The difference is that, in the sociological changes which have come about, it becomes incumbent on him to assume the responsibility for the activities of the outside or inside playground (gymnasium) in the way of supervision if not of instruction.

In high schools, while about the same amount of time is suggested or required for physical education as in the lower grades, this time is usually condensed into two or three periods per week. As about half of the period is usually spent in dressing, calling the roll, and in bathing, there are not many minutes left even for instruction. As adequate weekly allowance for physical activity it is absurdly small.

In the high school the playing of active games now requires a suitable costume combined with a place to play, indoor or out. While the latter is furnished (and it ought to be furnished) by the community (probably best through the schools) there should be sufficient supervision for all pupils whose energy and inclinations lead them to participation in active games. This is now done for those preparing to uphold the name of the school in a "life or death" struggle to win, in which some one must always lose. It is only fair that the privileges of supervised play should be as freely extended to all who desire them.

The logical tendency then would seem at the present time to be toward a shortening of the scheduled period (of instruction) and an extension of the opportunity after school and on Saturdays for sufficiently supervised play. Evidently Oregon has come to this conclusion, for in its course of study it states "The play field and equipment should be available at all times for use. This includes the period after school and on Saturdays."

With the passing of the physical education class as an end in itself, and an attempt to furnish the pupil with opportunity to practice what is taught him there follows the need for larger and better-surfaced playgrounds and a change from the traditional type of gymnasium to an indoor playfield.

The need for space and supervision of physical activities extends beyond the school. They are as much a recreational need of the community. Community and school become merged in this regard just as the home and school are mutually interested in the efforts to preserve or improve conditions affecting the health of the child.

HEALTH EDUCATION

The way for the more active methods of teaching hygiene known as "health education" was prepared legally long ago in the laws previously mentioned which require the teaching of "hygiene and physiology." Also many of the physical education laws specify the teaching of information in regard to factors affecting health while the teaching of "health habits" is mentioned in many of them. Suggested 80 years ago by the Boston school examiners, the "health habit" idea has been generally adopted and 45 States in their courses of study outline in more or less detail methods of health-habit teaching. In two States the course of study recommends, or the physical education law requires, that in the first 6 to 8 grades, 5 minutes of each day be devoted to health education; in one, 8 minutes; in five, 10 minutes; in three, 12 minutes; in three, 15 minutes. Lessons are to be given once a week in 5 States, twice per week in 3, and three or four times in 1.

One of the States would carry regular instruction to and including the ninth grade, 1 the tenth, and 1 the eleventh.

A textbook is mentioned in 30 States. Its use is begun in grade III in 2 States, in grade IV in 8, in grade V in 7, in grade VI in 6, in grade VII in 4, and in grade VIII in 2. A text for elementary grades is not mentioned in the remainder. A number of States suggest the desirability of correlation of hygiene with other subjects of the curriculum. One says that "hygiene must be taught everywhere throughout the school course", the time and effort spent to "depend upon the home environment and community."

In grades beyond the seventh or eighth there is little systematic teaching of physiology and hygiene. It is covered in a brief, better-than-nothing way in the course in general science or in the course in biology, but these are usually studied by comparatively few high-school students. In one State one or two 45-minute periods per week of hygiene is recommended for high schools. In another, health education may be administered either as five 40-minute periods per week for one semester or one period for five semesters. In another State "community hygiene" is to be taught in the ninth, tenth, and eleventh grades "chiefly by discussion and talks, the pupils taking notes." In another, one period per week is required throughout the high-school course. In another, one hour of general science is required in the eighth and one half hour of physiology in the ninth grade with 18 to 25 laboratory experiments included. Biology is recommended as forming "in part" "a proper basis" for human physiology in the ninth or tenth grade and physiology is recommended as elective for the eleventh and twelfth grades.

Shouldered as this "most important of all subjects" is by many things required for college entrance, we are a long way from what would seem to be adequate instruction along this line in the higher grades such as might be brought about by a course in general science in the ninth grade, a demonstration course in elementary biology in the tenth, a thoroughgoing course in physiology and hygiene in the eleventh, and practical teaching of home and community health in the twelfth.

As a check upon the carrying out of laws or regulations graduation requirements in physical education (which may include health instruction) are made in some States as follows: Alabama and West Virginia, 1 year; California, Connecticut, Florida, Iowa, Maine, New York, Ohio, Pennsylvania, Rhode Island, Virginia, and Wisconsin, 4 years; Minnesota, Missouri, and North Dakota, 2 years.

While the teaching of hygiene is included under physical education in some of these States, a specific requirement in "physiology and hygiene" is made only by New Mexico (1 year) and in "health work" (for girls, 2 years) by Alabama.

Time was (and not so long ago) when physical education included instruction in hygiene and sanitation ("health education") and that their divorce was largely one of words is indicated by the inclusion of hygiene in most "physical education" laws and by the fact that most State directors of "physical education" are also "directors of hygiene." The following States now have either special directors of "health", of "physical education", or of "health and physical education"; Alabama, California, Connecticut, Delaware, Illinois, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, and Virginia. One or more assistant directors are employed in a few States.

SUMMARY

Looking back over the half century in which health work in schools has received State-wide recognition, it is evident that there has been unquestioned acceptance of physiology and hygiene as a part of the curriculum, at least in elementary schools, and quite specific directions have been given as to what should be done in these schools. There is rather general neglect of these subjects, however, in the period of senior high school life.

As regards physical education there is a similar widespread recognition, but both the laws and the courses of study reflect the transition from the old gymnastic period, considered sufficient in itself, to an instructional period chiefly devoted to games or rhythmic activities, with provision by the school (or other civic agency) of opportunity at recess, after school and on Saturday for the unhampered practice of these activities.

The great variety of legislation for medical inspection is indicative of an activity which is more or less new, which is but little understood either by schoolmen or the laity, seems in a way outside the realm of education, and is tinged with popular prejudice against interference with the ways of nature as exhibited in bodily faults and disease. Modifications in these laws are, however, being made from time to time, while the importance of the removal of defects and prevention of disease and the relation of health to school progress are becoming better appreciated.

TABLE 1.—SUMMARY OF STATE LEGISLATION ON PHYSICAL AND HEALTH EDUCATION

[Key—M, indicates mandatory law; P, permissive law; Y, yes]

State	Nature of legislation	Date of legislation	Is there a State director?	Hygiene instruction emphasized	Provision for teacher training	Required exercise minutes daily (D) or weekly (W)		Required for graduation
						Elementary school	High school	
1	2	3	4	5	6	7	8	9
Alabama	M	1919	Y					
Arizona	M	1927	(1)	Y		20 D	120 W	
Arkansas	M	1931		Y				
California	M	1919	Y			20 D	120 W	Y
Connecticut	M	1921	Y	Y	Y			
Delaware	M	1918	Y					
Florida	[2] M	1927		Y				
Georgia	M	1920			Y	30 D	30 D	Y
Idaho	M	1913						
Illinois	M	1915	Y	Y	Y	60 W	60 W	
Indiana	P	1919		Y	Y	15 D	120 W	Y
Iowa	M	1923			Y			Y
Kentucky	M	1920		Y	Y	30 D	30 D	
Maine	M	1919		Y	Y			
Maryland	M	1918	Y			15 D	120 W	
Massachusetts	M	1921	Y	Y				
Michigan	M	1919		Y	Y			
Minnesota	M	1923	Y	Y	Y			
Mississippi [3]	M	1920	(1)		Y			
Missouri	P	1921	Y	Y	Y			
Nevada	[4] M	1917						
New Jersey	M	1917	Y	Y	Y	150 W	150 W	Y
New York	M	1916	Y	Y	Y			
North Carolina	P	1921	(2)					
North Dakota	M	1899						
Ohio	M	[5] 1923			Y	100 W	100 W	
Oregon	M	1919			Y	20 D	20 D	
Pennsylvania	[6] M	1919	Y					
Rhode Island	M	1917				20 D	20 D	Y
South Carolina	M	1924			Y			
Tennessee	M	1923						
Texas	M	1929						
Utah	P	1919		Y	Y			
Virginia	M	1920	Y	Y	Y			
Washington	[7] M	1919			Y	20 D	90 W	
West Virginia	P	1921						
Wisconsin	M	1923	(1)		Y	150 W	150 W	

[1] Provision for director but office not filled.
[2] Regulations made by State board of education.
[3] The provisions of the Mississippi Act shall become effective only upon condition that the Federal Government provides funds dollar for dollar with the State of Mississippi for carrying out the provision of this act.
[4] For high schools, permissive elsewhere.
[5] Revised.
[6] Not for high schools.
[7] Supervision covers medical inspection also.

TABLE 2.—SUMMARY OF STATE LEGISLATION FOR MEDICAL INSPECTION

State	Law	State authority [1]	Local authority	Mandatory or permissive	Examiner	How often	Extent of examination, etc.
1	2	3	4	5	6	7	8
Alabama	Yes	Joint	Joint	[2] M	County health officer	Annual	Any defect and deformity. Physical and mental.
Arizona	Yes		Education	P	Physician, nurse, and dentist		Not stated.
Arkansas	Yes	Education		P	Physician, nurse, and teacher	Annual	Contagious disease and defects.
California	Yes		Education	P	"Physical inspector" certified by State.		
Colorado	Yes	Education	do	M	Teacher	Annual	Sight, hearing, breathing.
Connecticut	Yes	do	do	[3] M	Physician, nurse, teacher, optometrist.	do	Vision for all. Other defects where physician is employed.
Delaware	Yes	do	do	P	Physician and nurse		
Florida	Yes	Health	Health	M	County medical inspector	Annual	(No physician shall be assigned more than 2,500 children.)
Georgia	Yes	do	do	[2] M	Commissioner of health	do	General examination.
Idaho	No						
Illinois	No						
Indiana	Yes	Joint	Education	P	Physician		General.
Iowa	Yes [4]		do				Dental.
Kansas	Yes		do	[5] P	Dentist	Annual	Do.
Kentucky	Yes	Health	Health	M	County health officer and public health nurse.		
Louisiana	Yes	Joint	Education	M	Teacher	Annual	Sight, hearing, and diseases of eyes and ears.
Maine	Yes	Education	do	M	Teacher or physician	do	Sight, hearing, and any other defects interfering with school progress.
Maryland	Yes	Joint	do	P	Physician	At least every 2 years.	Do.
Massachusetts	Yes	do	do	M	Physician; teacher for sight and hearing.	Annual	Sight, hearing, and any other defects interfering with school progress. (Teachers to be instructed in normal schools.)
Michigan	No						
Minnesota	Yes	Joint	Education	M	Physician, nurse, and teacher		
Mississippi	Yes	Education	do	M	Available agencies	Periodic	
Missouri	Yes	Health	do	P	Physician, nurse, supervisor of physical education.	do	

Montana	Yes		do	M	Physician		General health conditions.
Nebraska	Yes	Health	do	M	Teacher	Annual	Sight, hearing, teeth, mouth breathing, and communicable disease.
Nevada	Yes	do	do	M	do	do	
New Hampshire	Yes	Education	do	M	Physician; teacher for eyes and ears.	do	Sight and hearing; defects and diseases.
New Jersey	Yes	do	do	M	Physician or nurse		Any defects, also growth and development (annually).
New Mexico	No						
New York	Yes	Education	Education	M	Physician; teacher for eyes and ears.	Annual	Vision and hearing by teachers. (Teachers to be trained.)
North Carolina	Yes	Health	None	M	Teacher	At least every three years.	(Parents notified of serious defects by State board of health.)
North Dakota	Yes	do	Health	P	Physician or nurse	Annual	
Ohio	Yes	Joint	do	P	do		
Oklahoma	No [6]						
Oregon	Yes	Education	Education	M	Teacher	Annual	Obvious physical defects.
Pennsylvania	Yes	Health	Health	M	Physician	do	All defects.
Rhode Island	Yes	Education	Education	M	Physician; teacher for eyes and ears.		
South Carolina	Yes	Health	do	M	Physician, dentist, nurse	Annual	Medical and dental.
South Dakota	Yes		Health	P	Public health nurse		Eyes, ears, nose, throat, teeth, and communicable diseases.
Tennessee	No						
Texas	Yes		County court	P	Nurse		
Utah	Yes	Joint	Education	M	Physician or teacher	Annual	Sight, hearing, teeth, and mouth breathing.
Vermont	Yes	Health	do	[7] M	Teacher, physician, and nurse	Biennial	Sight and hearing by teacher.
Virginia	Yes	Joint	do	M	do	Annual	Sight and hearing, weight and nutrition, throat and nasal obstruction.
Washington	Yes		do	P	Physician or nurse		May be established in cities of first class and no objection to work by volunteer nurses elsewhere.
West Virginia	Yes		do	[8] M, P	do		
Wisconsin	No						
Wyoming	Yes	Education	Education	[9] M	Teacher	Annual	Sight, hearing, nose, throat. (Specific tests provided by law.)

[1] State "authority", especially as regards the department of health, is seldom more than that of preparing blanks for examinations.
[2] Where there is a county health officer.
[3] For vision.
[4] Power to establish dental clinics.
[5] Free dental examination required. First and second class cities and "in school districts."
[6] Has some local ordinances.
[7] Sight and hearing.
[8] Mandatory for independent, permissive for other districts.
[9] For incorporated cities and towns. More or less mandatory, 27; permissive, 13.

HEALTH EDUCATION

Recent Publications of the Office of Education

Better teeth. (Health Education Series No. 20.) 5 cents.

Diet for the school child. (Health Education Series No. 2.) 5 cents.

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The health of the teacher. (School Health Studies No. 12.) 10 cents.

The lunch hour at school. (Health Education Series No. 7.) 5 cents.

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Sanitation of schools. (Leaflet No. 1.) 5 cents.

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The speech-defective school child. (Bulletin, 1931, No. 7.) 10 cents.

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Ten steps in the promotion of health in rural schools. (School Health Studies No. 14.) 5 cents.

What every teacher should know about the physical condition of her pupils. (Health Education Series No. 18.) 5 cents.

The kindergarten and health. (Health Education Series No. 14.) 5 cents.

Suggestions for a program of health teaching in elementary schools. (Health Education Series No. 10.) 10 cents.

Suggestions for a program for health teaching in the high school. (Health Education Series No. 15.) 5 cents.

Suggestions for a physical education program for small secondary schools. (Physical Education Series, No. 3.) 10 cents.

The above publications are available from the Superintendent of Documents, Government Printing Office, Washington, D.C., at the prices stated.